



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Ferndale AL, LLC
Avista Senior Living Ferndale
2240 Main St
Ferndale, WA 98248

RE: Avista Senior Living Ferndale License # 2677

Dear Administrator:

This letter addresses Compliance Determination(s) 74919 (Completion Date 04/03/2026) and 71357 (Completion Date 02/03/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 04/03/2026 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2474-2-a, WAC 388-78A-2474-2-b, WAC 388-78A-2474-2-c, WAC 388-78A-2474-2-d

The Department staff who did the off-site verification:
Melissa Phillips, Long Term Care Surveyor
Cristina Gonzalez, Nursing Consultant Institutional

If you have any questions, please contact me at (253)312-1446.

Sincerely,


Jamie Singer, Field Manager
Region 2, Unit J
Residential Care Services



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
 HOME AND COMMUNITY LIVING ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 2677	Compliance Determination # 71357
Plan of Correction	Avista Senior Living Ferndale	Completion Date
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You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for an unannounced on-site follow-up on 01/13/2026 of:

Avista Senior Living Ferndale
 2240 Main St
 Ferndale, WA 98248

This document references the following SOD dated: 02/03/2026

The following sample was selected for review during the unannounced on-site visit: 0 of 34 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Melissa Phillips, Long Term Care Surveyor
 Cristina Gonzalez, Nursing Consultant Institutional

From:
 DSHS, Home and Community Living Administration
 Residential Care Services, Region 2, Unit J
 20311 52nd Ave W, Suite 100
 Lynnwood, WA 98036

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As a result of the on-site visit(s) the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Jamie Singer
Residential Care Services

02/11/2026

Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Administrator (or Representative)

Chloe Franklin

Date 2/19/26

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

- (a) Orientation and safety;
- (b) Basic;
- (c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;
- (d) Cardiopulmonary resuscitation and first aid; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 5 of 5 staff members (Staff A, B, C, D and E) met the long-term care workers training requirements under Washington Administrative Code (WAC) 388-112A. This placed residents in the ALF at risk of receiving care and services from staff members not trained as required.

Findings included....

NOTE: Washington Administrative Code (WAC) 388-78A-2450 Staff. (3) The assisted living facility must: (d) Maintain the following documentation on the assisted living facility premises, during employment, and at least two years following termination of employment: (i) Staff orientation and training or certification pertinent to duties, including, but not limited to: (A) Training required by chapter 388-112A WAC; (C) Cardiopulmonary resuscitation; (D) First aid;

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BASIC TRAINING

NOTE: WAC 388-112A-0080 Who is required to complete the seventy-hour long-term care worker basic training and by when? (5) Long-term care workers in assisted living facilities within one hundred twenty days of their date of hire. Long-term care workers must not provide personal care without direct supervision until they have completed the seventy-hour long-term care worker basic training.

Record review of employee files showed the ALF hired Staff A, Caregiver, on 06/02/2025. Staff A's record showed no completed basic training, 241 days after being hired.

Record review of employee files showed the ALF hired Staff E, Caregiver, on 03/10/2025. Staff E's record showed no completed basic training, 325 days after being hired.

SPECIALTY TRAINING

NOTE: WAC 388-112A-0495 What are the specialty training and supervision requirements for long-term care workers in adult family homes, assisted living facilities, and enhanced services facilities? Assisted living facilities. (4) If an assisted living facility serves one or more residents with special needs, the assisted living facility must ensure that a long-term care worker employed by the facility demonstrates completion of, or completes and demonstrates competency in specialty training within 120 days of hire.

Record review of the ALF's undated Disclosure of Services, Subsection 7, Care for Residents with Dementia, Developmental Disabilities, or Mental Illness showed that if the ALF chose to serve residents with dementia, developmental disabilities, or mental health issues, they would provide employees with specialty training.

Record review of a Resident Characteristic Roster, dated 02/03/2026, showed 14 residents living in the ALF had a diagnosis of [REDACTED].

Record review of employee files showed the ALF hired Staff A, Caregiver, on 06/02/2025. Staff A's record showed no completed dementia specialty training, 241 days after being hired.

Record review of employee files showed the ALF hired Staff E, Caregiver, on 03/10/2025. Staff E's record showed no completed dementia specialty training, 325 days after being hired.

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In an interview, on 01/30/2026 at 11:56 AM, Staff F, Executive Director, stated that they had not yet received verification that Staff A or Staff E had completed basic training or dementia specialty training. Staff F confirmed that the ALF continued to serve residents with a dementia as their primary diagnosis.

CARDIOPULMONARY RESUSCITATION (CPR) AND FIRST AID CARD

NOTE: WAC 388-112A-0720 What are the CPR and first-aid training requirements? (2) Assisted living facilities. (a) Assisted living facility administrators who provide direct care and long-term care workers must have and maintain a valid CPR and first-aid card or certificate within thirty days of their date of hire.

Record review of employee files showed that the ALF hired Staff A, Caregiver, on 06/02/2025. Staff A did not have first aid training on file, as of 241 days after their date of hire.

Record review of employee files showed that the ALF hired Staff B, Caregiver, on 05/08/2025. Staff B did not have first aid training on file, as of 266 days after their date of hire.

Record review of employee files showed that the ALF hired Staff C, Medication Technician, on 07/21/2025. Staff C did not have first aid training on file, as of 192 days after their date of hire.

Record review of employee files showed that the ALF hired Staff D, Caregiver, on 04/14/2025. Staff D did not have first aid training on file, as of 290 days after their date of hire.

Record review of employee files showed that the ALF hired Staff E, Caregiver, on 03/10/2025. Staff E did not have first aid training on file, as of 325 days after their date of hire.

In an interview, on 01/13/2026 at 10:45 AM, Staff F stated that they had not realized the CPR class they had been having staff attend did not have a first aid component.

In an interview, on 01/29/2026 at 2:23 PM, Staff F stated that they had verified the training content in the CPR class the staff had attended did not meet the requirements for a first aid certificate.

This is an uncorrected deficiency previously cited under subsections (b)(c)(d) on 11/17/2025.

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02/03/2026

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Avista Senior Living Ferndale is or will be in compliance with this law and / or regulation on (Date) 3/11/26.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Chloe Fuhl
Administrator (or Representative)

2/19/26
Date



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

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You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for the unannounced on-site full inspection on 11/12/2025, 11/13/2025 and 11/14/2025 of:

Avista Senior Living Ferndale
2240 Main St
Ferndale, WA 98248

The following sample was selected for review during the unannounced on-site visit: 7 of 35 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Cristina Gonzalez, Nursing Consultant Institutional
Melissa Phillips, Long Term Care Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2, Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Jennie Singer
Residential Care Services

11/24/2025
Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Chloe Fankh
Administrator (or Representative)

11/24/25
Date

WAC 388-78A-2040 Other requirements.

(1) The assisted living facility must comply with all other applicable federal, state, county and municipal statutes, rules, codes and ordinances, including without limitations those that prohibit discrimination.

This requirement was not met as evidenced by:

Based on observations and interview, the Assisted Living Facility (ALF) failed to prohibit smoking within 25 feet from ALF doors at 1 of 1 main entryway. This failure resulted in residents and visitors being exposed to secondhand smoke upon entering or leaving the ALF and placed residents at risk of health complications.

Findings included...

Review of Revised Code of Washington 170.160.075 showed smoking is prohibited within 25 feet from entrances, exits, and windows that open to ensure that tobacco smoke does not enter the area through entrances, exits, open windows, or other means.

During an observation, on 11/12/2025 at 2:56 PM, two residents were observed actively smoking with a lit cigarettes in their hands in the main entryway of the ALF, approximately 20 feet from the entrance.

During an observation, on 11/13/2025 at 12:28 PM, one resident was observed actively smoking with a lit cigarette in their hand in the main entryway of the ALF, approximately 20 feet from the entrance.

In an interview, on 11/14/2025 at 9:23 AM, Staff A, Executive Director, stated that they had been having a difficult time getting residents to not smoke in the main entryway as

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it was the only covered area on the ALF property. Staff A acknowledged that they needed to work on an alternative option for residents who smoked.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Avista Senior Living Ferndale is or will be in compliance with this law and / or regulation on (Date) 12/29/25.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Administrator (or Representative) Chloe Franklin Date 11/24/25

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

- (a) Orientation and safety;
- (b) Basic;
- (c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;
- (d) Cardiopulmonary resuscitation and first aid; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 6 staff members (Staff C and D) met the long-term care workers training requirements under Washington Administrative Code (WAC) 388-112A. This placed residents in the ALF at risk of not receiving proper care and services from staff members and potentially compromised the residents' health conditions.

Findings included....

NOTE: Washington Administrative Code (WAC) 388-78A-2450 Staff. (3) The assisted living facility must: (d) Maintain the following documentation on the assisted living facility premises, during employment, and at least two years following termination of employment: (i) Staff orientation and training or certification pertinent to duties, including, but not limited to: (A) Training required by chapter 388-112A WAC; (C)

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Cardiopulmonary resuscitation; (D) First aid;

ORIENTATION AND SAFETY TRAINING

NOTE: WAC 388-112A-0200 What is orientation training, who should complete it, and when should it be completed? There are two types of orientation training: Facility orientation training and long-term care worker orientation training. (2) Long-term care worker orientation. Individuals required to complete the 70-hour home care aide basic training must complete long-term care worker orientation, which is two hours of training regarding the long-term care worker's role and applicable terms of employment as described in WAC 388-112A-0210.

NOTE: WAC 388-112A-0220 What is safety training, who must complete it, and when should it be completed? (1) Safety training is part of the long-term care worker requirements. It is a three hour training that must meet the requirements as described in WAC 388-112A-0230, and include basic safety precautions, emergency procedures, and infection control. Safety training must be completed prior to providing care to a resident. (2) All long-term care workers who are not exempt from home care aide certification as described in RCW 18.88B.041 hired after January 7, 2012, must complete three hours of safety training. This safety training must be provided by qualified instructors who meet the requirements in WAC 388-112A-1260.

Record review of employee files showed the ALF hired Staff C, Caregiver, on 06/02/2025. Staff C's record showed a completed orientation and safety training on 11/13/2025, 164 days after being hired.

BASIC TRAINING

NOTE: WAC 388-112A-0080 Who is required to complete the seventy-hour long-term care worker basic training and by when? (5) Long-term care workers in assisted living facilities within one hundred twenty days of their date of hire. Long-term care workers must not provide personal care without direct supervision until they have completed the seventy-hour long-term care worker basic training.

Record review of employee files showed the ALF hired Staff C, Caregiver, on 06/02/2025. Staff C's record showed no completed basic training, 164 days after being hired.

SPECIALTY TRAINING

NOTE: WAC 388-112A-0495 What are the specialty training and supervision requirements for long-term care workers in adult family homes, assisted living facilities, and enhanced services facilities? Assisted living facilities. (4) If an assisted living facility

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serves one or more residents with special needs, the assisted living facility must ensure that a long-term care worker employed by the facility demonstrates completion of, or completes and demonstrates competency in specialty training within 120 days of hire.

Record review showed 2 of 7 sampled residents (Resident 5 and 6) had a [REDACTED] diagnosis.

Record review of the ALF's undated Disclosure of Services, Subsection 7, Care for Residents with Dementia, Developmental Disabilities, or Mental Illness showed that if the ALF chose to serve residents with dementia, developmental disabilities, or mental health issues, they would provide employees with specialty training.

Record review of employee files showed the ALF hired Staff C, Caregiver, on 06/02/2025. Staff C's record showed no completed dementia specialty training, 164 days after being hired.

In an interview, on 11/13/2025 at 10:27 AM, Staff A, Executive Director, acknowledged that Staff C had missed deadlines for completion of orientation and safety, basic, and dementia specialty training.

CARDIOPULMONARY RESUSCITATION (CPR) AND FIRST AID CARD

NOTE: WAC 388-112A-0720 What are the CPR and first-aid training requirements? (2) Assisted living facilities. (a) Assisted living facility administrators who provide direct care and long-term care workers must have and maintain a valid CPR and first-aid card or certificate within thirty days of their date of hire.

NOTE: WAC 388-112A-0710 What is CPR/first-aid training? CPR/first-aid training is training that meets the guidelines established by the Occupational Safety and Health Administration (OSHA). Under OSHA guidelines, training must include hands on skills development through the use of mannequins or trainee partners.

Record review of employee files showed the ALF hired Staff C, Caregiver, on 06/02/2025. Staff C's record showed no completed CPR and first aid training.

Record review of employee files showed the ALF hired Staff D, Caregiver, on 05/08/2025. Staff D's record showed no completed CPR and first aid training.

In an interview, on 11/13/2025 at 11:27 AM, Staff A stated that they had been in between CPR and first aid training providers and that they had found a new provider that would be starting to provide training the following week. Staff A acknowledged that

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Staff C and D did not yet have completed CPR and first aid training.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Avista Senior Living Ferndale is or will be in compliance with this law and / or regulation on (Date) 12/29/25.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Chloe Ferndale
Administrator (or Representative)

11/24/25
Date

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 4 of 4 staff (Staff A, B, C and D) initiated tuberculosis (TB) screening within three days of employment. This placed residents at risk of exposure to a communicable disease.

Findings included...

Record review of employee files showed the ALF hired Staff A, Executive Director, on 06/03/2024. Staff A's TB screening was initiated on 06/12/2024, nine days after their hire date.

Record review of employee files showed the ALF hired Staff B, Medication Technician, on 08/28/2025. Staff B had record of a previous negative two step TB test completed 06/07/2024. Staff B had no record of a one step TB test completed within three days of hire.

Record review of employee files showed the ALF hired Staff C, Caregiver, on 06/02/2025. Staff C's TB screening was initiated on 06/09/2025, seven days after their hire date.

Record review of employee files showed the ALF hired Staff D, Caregiver, on 05/08/2025. Staff D's TB screening was initiated on 08/07/2025, 91 days after their hire

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date.

In an interview, on 11/13/2025 at 11:27 AM, Staff A stated that when they were hired the ALF did not have a nurse on staff, resulting in a delay in their TB test. Staff A had not been aware that Staff B still needed to have a one step TB test with their prior negative two step test. Staff A acknowledged that their system for TB needed to be fixed.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Avista Senior Living Ferndale is or will be in compliance with this law and / or regulation on (Date) 12/29/25.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Administrator (or Representative)



Date 11/24/25

WAC 388-78A-2300 Food and nutrition services.

(1) The assisted living facility must:

(c) Ensure all menus:

(iv) Are kept at least six months;

(2) The assisted living facility must plan in writing, prepare on-site or provide through a contract with a food service establishment located in the vicinity that meets the requirements of chapter 246-215 WAC, and serve to each resident as ordered:

(a) Prescribed general low sodium, general diabetic, and mechanical soft food diets according to a diet manual. The assisted living facility must ensure the diet manual is:

(ii) Approved by a dietitian; and

(iii) Reviewed and updated as necessary or at least every five years.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to ensure resident meal menus were kept for six months and that these menus were approved by a dietitian for 9 of 9 daily resident meal menus (11/05/2025 to 11/14/2025) provided. This failure resulted in residents receiving meals that were planned without a history of the previous meals served or dietitian oversight and placed all residents on meal services at risk of not receiving nutritionally balanced and varied meals.

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Findings included...

On 11/12/2025 at 11:30 AM, a daily menu was posted in the dining room. The menu did not have a dietitian's signature.

Review of the ALF's Weekly Menu Binder showed daily menus dated from 11/05/2025 to 11/14/2025, totaling nine days. The daily menus did not have a dietitian's signature.

On 11/13/2025 at 3:37 PM, Staff A, Executive Director, stated that they were unable to provide menus prior to 11/05/2025 due to extraneous circumstances. Staff A stated that the meals currently being served to residents were created by Staff G, Dining Director, and were not approved by a dietitian. Menus would not be reviewed by a dietitian until both Staff A and G finished introductory training with a menu planning company that was hired to create dietitian approved menu rotations.

On 11/14/2025 at 1:40 PM, Staff G stated that they created menus by typing up the menu themselves using a mix of residents favorite meals from their old menus and new recipes that have less processed and frozen food. Staff G stated they did not have Registered Dietitian certification.

Plan/Attestation Statement

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In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Administrator (or Representative)

Chloe Fumell

Date 11/24/25